

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000108332</b>				<b>Apr 07, 2008 08:00</b> <b>Secretary of State</b>	
1. Entity Name <b>WELDY CONSTRUCTION, INC.</b>					
Principal Place of Business <b>4191 SAN JUAN AVE JACKSONVILLE, FL 32210</b>		Mailing Address <b>6251 ORTEGA FARMS BLVD JACKSONVILLE, FL 32244</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
		04022008    No Chg-P    CR2E034 (11/05)			
		4. FEI Number <b>59-3497680</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VINING, SCOTT L 1786 PROVIDENCE HOLLOW LANE JACKSONVILLE, FL 32223</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				 04/16/08-80068-004 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CDP WELDY, BRAD L 4191 SAN JAUN AVE. JACKSONVILLE, FL 32210			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V WELDY, MARK 1108 HERITAGE ESTATES TR C JACKSONVILLE, FL 32220			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>BRAD WELDY</b>		4-2-08		904-777-2515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	